

**2a.) Were any controlled substances present in Item 2? If yes, list each substance.**

Controlled Substance(s) detected/identified  
(please list below) Indicate salt form if determined.

No controlled substance  
detected/identified

**2b.) What methods were used to examine Item 2?**

(If color and/or crystal tests are used, please simply check the appropriate method below.  
Specific color and crystal tests will not be listed in the summary report.)

Color Tests	<input checked="" type="checkbox"/>	FTIR	<input type="checkbox"/>	LC	
Crystal Tests	<input checked="" type="checkbox"/>	GC	<input checked="" type="checkbox"/>	UV	<input type="checkbox"/>
TLC	<input type="checkbox"/>	GC/MS	<input checked="" type="checkbox"/>	Microscopic	

Other (specify): \_\_\_\_\_

**3.) Additional Comments**


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**Return Instructions**

Data Sheets can be mailed or faxed (please include a cover sheet) and must be received by **April 23, 2012** to be included in the report.

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**Please return all pages of this data sheet.**

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